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ARTICLE XXVIII.

CASES IN PRACTICE.

By WALTER HAY, M.D., Chicago, Ill.

As the opinions of some of the latest pathological writers, upon the nature, causes, and appropriate treatment of that often occurring phenomenon, inflammation, and its neuro-pathic relations, appear to be undergoing important modifications, under the additional light thrown upon the subject, by the advances made in the study of the physiology of the nervous system, any facts, however trivial, bearing upon the subject, may be not unimportant or uninteresting.

The three subjoined cases have been selected from a number, as illustrating more clearly the principle which is believed to be involved in their history, viz., that inflammatory action is in many, if not all cases, the result of a parietic condition of the nervous system to a greater or less degree, most probably in all cases, of the vaso-motor system, consequently of diminished rather than increased vitality, and, therefore, requiring a sustaining and even stimulating rather than an antiphlogistic treatment.

The evidence furnished, also, in corroboration of the experiments quoted below, to determine the function of the sympathetic nerve, may have some value; and, while far from sufficient

to establish a principle, or even to furnish the basis for a theory, in itself, may yet suggest further observation of similar phenomena, and the collation of additional facts bearing upon the same subject, a very wide field of pathology being open to the experiment.

The value of alkaloid strychnia, in alleviating certain forms of pain, scarcely needs additional evidence, but can be explained in no way so satisfactorily as, that pain is also a manifestation of nervous paresis.

CASE I. Mrs. F., aged about 45 years, of unusually robust constitution, free from any recognizable hereditary or acquired taint, was attacked, in March, 1861, with acute sclerotico-conjunctivitis in the right eye, the conjunctiva becoming rapidly ulcerated, accompanied by intense pain, effectually preventing sleep, and great photophobia, with considerable febrile reaction. The only cause to which this action could possibly be attributed, after very careful investigation, was fatigue.

The usual treatment, viz., cooling and anodyne applications, counter-irritation, by vesication of the mastoid and temporal region, and mercurial alteratives, was adopted, which was followed by *recovery* in about four weeks.

This condition was reproduced in the same patient, in November, 1863, following, as in the former case, *excessive fatigue*. The case came into my hands, on this occasion, after having been treated by a skilful oculist for nine weeks, and *recovered*, after an additional period of two weeks, under the mode of treatment used on the former occasion.

In March, 1864, the same patient was subjected to a third attack from, apparently, the same cause. On this occasion, the inflammation was more severe than formerly, the mucous membrane becoming ulcerated within thirty-six hours. The patient was entirely prevented from sleeping, during two nights, from excessive pain. On the third day from the beginning of the attack, the right eye was completely ecchymosed, presenting over the centre of the cornea a vertical ulcer, four lines by one in its dimensions.

Believing this condition to result solely from nervous exhaus-

tion, and to be analagous in character, though different, of course, in degree from the results observed 1732, by POURFOUR DU PETIT, after the division of the trunk of the sympathetic, opposite the fourth or fifth cervical vertebra in dogs, viz., "great disturbance in the circulation of the eyeball, producing inflammation, &c., &c., and, ultimately, ulceration and destruction of the entire organ."

DUPUY reports, in *Journal de Medicine, Chirurgie, &c.*, Decembre, 1816, that, after extirpation of the superior cervical ganglion, the same local results, with regard to the eye, followed.

Dr. JNO. REID reports, (*Edinburgh Medical and Surgical Journal*, August, 1839,) that the conjunctiva became red and congested in a few minutes after cutting and irritating the sympathetic nerve in the neck. The observations of many other physiologists might be cited, were the above insufficient, to establish the dependence of the histogenetic process, upon the integrity of the (sympathetic) ganglionic nervous system.

Admitting, then, the results of the above observations as correct, it would appear, not an unreasonable inference, that the diseased condition of the eye, in the case which I have cited, was due to interference with the influence of the ganglionic nervous system upon the diseased organ, and that interference in this case was the result of a paretic condition of a portion of that system, most probably of the ciliary ganglion.

With this impression of the case in mind, I directed the patient, on the third day from the commencement of the attack, no other treatment having yet been adopted, to take one-sixteenth of a grain of strychnia every four hours. After having taken four doses, the patient was free from pain, and slept well for eight hours, at which time there was a marked improvement in the condition of the eye, which continued until sixteen doses had been taken, after which all treatment was abandoned. There being, with the exception of a narrow cicatrix upon the site of the ulcer, no difference in the appearance of the two eyes. The length of time elapsing from the beginning of the attack, until complete recovery, being seven days, and from the commencement of the treatment four days.

CASE II. *May, 1864.* E. K., a little girl, aged eight years, of decidedly strumous diathesis, having had, during the previous autumn, a very extensive eruption of favus, was seized with rigors, followed by febrile reaction; pulse averaging about 120, small and feeble, with great lassitude, followed by sore mouth. When seen for the first time, on the eighth day, since the onset of the fever, she was in the condition above described; there was a free flow of saliva, the edges of the tongue, gingival and buccal surfaces presenting numerous ulcerations, one of which was as large as a dime, and, by reason of the swelling of the surrounding surface, a line in depth; there was some diarrhœa, with slight tenderness upon pressure over the abdomen. The only food that could be taken was milk, in small quantities. Directed one-fiftieth grain of strychnia to be given every four hours. On the fifth day, the child was so far recovered as to be able to eat the crust of bread, and the treatment was discontinued, as no longer necessary.

CASE III. Ulcerative stomatitis, in a child, four years of age, a patient in St. Luke's Hospital. In this case one-fiftieth grain of strychnia was administered every six hours, and was followed by entire recovery in four days.

These three cases, occurring at wide intervals of space, and in patients essentially differing in constitutional peculiarities, social position, and surroundings, while the morbid phenomena even are manifested in totally different organs, present, however, one pathological element, and that one the most prominent, viz., ulceration of mucous membrane, in common; there was, moreover, in each case, a marked identity in its cause, exhaustion, in the first case fatigue; in the second, fatigue, together with exposure to the sun; in the third, exhaustion from imperfect nutrition and bad air, the child being a pauper. In the face of the evidence, presented by each case in its turn, enlightened by the results of the physiological experiments already quoted, the only reasonable diagnosis appeared to be paresis of the sympathetic nervous system, and this diagnosis, together with the very great value of strychnia as a nervous tonic, has, apparently, been demonstrated by the results.

It is hoped that further experiments will be made and reported, either in confirmation or refutation of the views herein offered, as the subject offers many opportunities to observers.

ARTICLE XXIX.

PUERPERAL FEVER, COMPLICATED WITH SECONDARY UTERINE HEMORRHAGE.

By SWAYNE WICKERSHAM, M.D., Chicago, Ill.

In hastily turning the pages of my note-book, I find no case that seems to me of greater interest than the one that I am about to bring to the attention of the members of the Medical Society. In its hemorrhagic feature, it may be regarded as somewhat unique. I have examined the medical literature of the subject with considerable care, and have come to the conclusion that if similar cases are of frequent occurrence, that clinical observers have but seldom recorded them. In order that an intelligent opinion may be formed, it becomes necessary that a brief history should be given of the case from the initial stage, which I will now proceed to do.

On the 7th of May, 1863, at 7 P.M., I was called to see Mrs. Evans, of this city. She was engaged in her fourth labor. I was then informed that the premonitory symptoms of the parturient effort had declared themselves about 8 A.M. From that hour, until about 4 P.M., she had but an occasional uterine pain, and a slight mucous discharge from the vagina. At the latter hour, the uterine contractions became much more frequent and expulsive in their character. When I was called, I found her cheerful and composed, and her labor apparently well developed. Her condition gave me no unusual solicitude. Her pains were moderately frequent, and of considerable force; her circulation and respiration were natural; her cutaneous surface was moist; her stomach was not irritable; there were no impacted feces in the rectum; the bladder had just been voided of its con-

tents; and the placental membranes had been ruptured half an hour previously. A vaginal examination was made, when there was found to be an abundant secretion of mucus, the os uteri widely dilated and retracted, the pelvis was amply capacious, and there was a complete absence of all rigidity of the adjacent tissues. The presentation was cephalic, and of the left occipito-acetabular position. I did not then regard the head as impacted. I detected no undue pressure upon the soft parts, consequently, after carefully considering all that I have stated, I expected a safe and speedy delivery.

At 11 P.M., four hours after I had been called to her, no perceptible progress had been made; the condition of the mother and child were not materially altered, except a slight increased action of the heart; the pains had been tolerably frequent and quite forcible. I was unable to account for the delay, and, as nothing had been accomplished during the interval by the natural effort, I was apprehensive that nature had done her best, and that exhaustion and subsidence of the pains would eventually supervene. I therefore recommended instrumental assistance.

Dr. ORRIN SMITH was called in council at 11½ P.M. He carefully investigated the case, and then concurred with me, that the forceps should be applied. The pulse was, at this time, evidently on the increase, and the pains much less active. The forceps were applied about midnight.

At 12½ A.M., of the 8th, there was almost a complete subsidence of the pains; the circulation had increased to 120, and the respiration in a corresponding ratio. Notwithstanding the administration of the tincture of camphor, gentle pressure over the uterum, and judicious traction of the forceps, I think there was an interval of thirty minutes between the last two pains, and these of but little force. No ergot was at hand.

The child was removed about 1 A.M. of the 8th, and was dead. The placenta was soon after removed, during a very feeble uterine contraction. The pulse was 140, and of but little volume; skin cold, and bedewed with a clammy perspiration; and countenance expressive of anxiety. A careful exam-

ination was instituted for latent or concealed hemorrhage, but the uterus was found to be well contracted, and no more than the usual amount of blood had been lost. To me, the great and positively alarming constitutional depression was unaccountable. I could not think that her labor had been sufficiently prolonged or severe to have so nearly exhausted her, unaided by other, and, to me, mysterious, causes. Stimulants were administered.

At 2 A.M., her condition had manifestly improved. We then directed quinia sulphas, gr. ij, every two hours, and left her for the remainder of the night. I visited her at 10 A.M. She had not slept; suffered no pain, but was very restless; her pulse was 120, though possessing more strength than it did when we left her, eight hours previously; her skin was naturally warm. I ordered the quinia sulphas to be omitted, and directed morph. sulphas, gr. j, every two hours, until sleep was obtained.

9th, 11 A.M. Had slept considerably. Pulse 100; urine had been freely voided. The anodyne to be used *pro re nata*. 7 P.M. Hastily summoned. Dr. ORRIN SMITH in council. She was much agitated; pulse 120, though weak; surface moderately warm; countenance anxious; suffering much pain in the region of the uterus; abdomen very tympanitic; lochia arrested; in fact, all the symptoms of puerperal metritis. We ordered opium, gr. 1½, every two hours; tinc. verat. vir., gtt. v, every fourth hour.

10th, 8 A.M. Dr. O. SMITH in council. Suffering but little pain; abdomen more tympanitic; great tenderness in the uterine region; pulse 100. Treatment continued. 6 P.M. Pulse 90, which was the only appreciable change. Lessened the quantity of veratrum, and ordered hops as a topical application.

11th and 12th. The symptoms have not sufficiently varied from the date of the last report to be worthy of note. The same treatment continued with slight modification.

13th, 5 P.M. Dr. N. S. DAVIS in council. She is much agitated about the tympanitic shape of the abdomen, and the absence of the lochia; pulse 115; not much pain, though quite tender over the womb. Hyd. chlo. mite, gr. ij, opium pulv.,

gr. 1½, every two hours; tinc. verat. vir. in small doses; hops externally; and additional nourishment.

14th. Her bowels have been freely moved, for the first time since her confinement. The discharges were excessively fetid. Tympanitis almost subsided, no pain, and but little tenderness.

15th, 16th, and 17th. Apparently convalescent. Requires but little medicine.

18th. Very feeble; pulse 120; skin cold; perspiring freely. Has been in this condition much of the night and morning. Quinia sulphas was ordered.

19th, 5 P.M. Dr. DAVIS in council. Patient is unable to control the action of the sphincters; bowels relaxed. Nitric acid, f. ʒj, tinc. opii., f. ʒij, strychnia, gr. j, aquæ distillata, f. ʒiij, of which a teaspoonful shall be taken every fourth hour; quinia sulphas, gr. ij, every second hour.

20th, 7 A.M. Twelfth day after the birth of the child. Almost *in articulo mortis*; uterine hemorrhage commenced at 4 A.M., and continued moderately until about 6 o'clock, when it became terrific in its flow. She is now speechless; involuntary discharges; bathed in cold and clammy perspiration; features very much shrunk; and pulse, at the wrist, scarcely perceptible. She seems to have passed a vast deal of blood, though the syncope has mainly checked its further issue. The head was lowered, lower extremities elevated, a compress, saturated with ice water, was applied to the vulva and retained by appropriate appliances. The effect was the tamponization of the vagina by large coagula, which remained almost two days. Opii, plum., acetas, quinia sulphas, brandy, &c., were given. Reaction was not established until 5 P.M., and at this hour she appears almost exsanguine.

21st, 22d, and 23d. Slowly improves under tonics and stimulants. She claims that there is no discharge from the vagina of any nature.

24th, 6 P.M. 16th day after confinement. Was feeling exceedingly well until about 5 P.M. No symptom, except feebleness, of which she could justly complain. At this hour, she felt cold and asked for a blanket, and a little later, the bleeding had

returned, with all the violence that had characterized it five days previously. When I reached her residence, the immediate friends had gathered around her, and all believed that she was dying. She was unconscious, and I had little thought that she would again rally. The treatment adapted to such conditions was pursued.

25th, 10 A.M. Some little warmth of skin; feeble and frequent pulse; was unable to speak until this morning; no further hemorrhage; no pain. I ordered ferri per-sulphas, vin. ergotæ, and quinia sulphas.

26th, 1 P.M. Dr. BYFORD in council. Patient looks as if she were bloodless; pulse 125. A vaginal examination is made. Os uteri very pabulous; some offensive discharge, nothing else determined by it. A very careful examination over the uterus, demonstrates, quite clearly, its boundaries. It is, evidently, much larger than it should be on the nineteenth day after confinement. Prognosis very unfavorable, more in consequence of the prostration which is dependent mainly upon the great loss of blood, than aught else. Iron, ergot, vaginal injections, counter-irritants, with nourishment, given in a methodical manner, constitute the treatment.

29th. Has improved. Omit the vaginal injections, for fear that they might act as a provocative of the hemorrhage.

June 9th. Hemorrhage recurred this morning, and continued for a few hours. It was small in amount, and did not very materially reduce her strength. From this date, she continued to improve, and, after the expiration of several months, was fully restored to health.

The variety of uterine hemorrhage occurring in the case just described, is alluded to, by authors, under the appellation of "secondary *post partum* hemorrhage." The cases no doubt are exceptional, where the uterus has contracted subsequently to the birth of the child, and become relaxed, resulting in an indefinite amount of bleeding.

Prof. BEDFORD says, that it may occur at any time after delivery, from two hours to two or three weeks. Other authorities could be cited, who mention instances where it has taken

place as late as two or three months after the expulsion of the foetus, but I believe the best authors are not inclined to associate the latter class of cases with delivery, but deem that their more appropriate place is under the title of passive hemorrhages. It is proper to remember, also, that there are instances recorded where, it is said, hemorrhage has taken place from a well contracted uterus. VELPEAU, in his obstetrical work, page 591, says, "I have seen, on two occasions, hemorrhage after the delivery of the placenta, although the womb was well contracted on itself; the labor had been terminated four hours in one case, and seven in the other. It is, besides, an accident, not uncommon after the first twenty-four hours." GOOCH gives credence to the statement, and INGLEBY cites cases to prove the same doctrine. ROBERTSON opposes it, and maintains that at least the fundus of the uterus must have been relaxed. Mad. BOIVIN believes, that hemorrhage and contraction of the uterus are incompatible, and insists that the blood which escapes from a contracted womb does not flow from the uterine vessels, but from the placenta, as from a compressed sponge.

As to the more prominent causes of secondary *post partum* hemorrhage, authors seem to be agreed. The retention of some portion of the placenta or membranes, is one of the most frequent causes. The recorded experience of DE LA MOTTE, LEROUX, and DELEURYE should be sufficient to warn the obstetrician of the necessity of exercising due vigilance, in the removal of detached portions of the secundines. If it is decided to introduce the hand into the uterine cavity in such a case, as advised by VELPEAU and others, it would be well to remember that BLUNDELL and INGLEBY question its propriety.

Coagula of blood in the uterus, is also mentioned as a cause. Madame LA CHAPELLE and COLLINS have both recorded examples of bleeding commencing eight and ten days after delivery, occasioned by coagula. The removal of the coagula by the hand would seem to be indicated.

Dr. MCCLINTOCK, of Dublin, and Prof. BEDFORD, of New York, also give much prominence to two other causes. The language of the latter is:—"The bleeding may be the result of an atonic

condition of the uterus, not amounting to positive inertia, but occasioning a partial flaccid state of the organ giving rise to hemorrhage." When owing to such a cause, the flow will be moderate. No heroic treatment will be demanded, but almost always, ergot may be relied upon to accomplish the arrest of the bleeding. One author advises, under such circumstances, that the ergot shall be assisted by the injection, into the rectum, of cold water twice daily. The other cause assigned by the authorities last quoted is, congestion of the organ in plethoric women, unattended by inertia, and advise the abstraction of blood from the arm, administration of saline cathartics, and an abstemious diet.

The cause of the sudden and frightful hemorrhage of the case under my care, and of which I have given the clinical history, was not, in my opinion, attributable to the retention of any portion of the placenta or membranes, or to the existence of coagulated blood. The uterus was well contracted after delivery. What effect the metritis may have had in causing subsequent relaxation, which resulted in the several attacks of such terrible secondary hemorrhage, I leave for others to judge.

ARTICLE XXX.

SYNOPSIS OF THE ETIOLOGY AND TREATMENT
OF TYPHOID FEVER.

By ROSS C. RUSS, M.D., Royalton, Ind.

Authors in medical science differ very widely in reference to the origin of typhoid fever, so-called by LOUIS, or enteric, by WOOD. Hence, different views in pathology and treatment. WOOD's practice of medicine (vol. i, p. 322,) avers it to be an inherent predisposition or principle in the human system, and only needs some exciting cause to bring it into action, based upon the same hypothesis as some exciting cause will bring about the development of tuberculosis; whilst WATSON believes it to be a blood-poison introduced into the system by a malarial

ous influence, destroying the normal constituents and qualities of the blood, and rendering the blood unfit to nourish the different tissues of the body. But neither of these positions will do to base a successful practice upon; all treatment suggested by such pathology must undoubtedly end in empiricism.

What, then, is the true cause of typhoid fever? I believe it to be caused by poisonous gases in the blood, generated in the circulation—in other words, they are narcotic poisons that ought and must be eliminated from the economy by the excretory organs, in order that the various organs may perform their offices according to the design of nature. But I do not believe it to be malarious at all. If retained in the circulation, the blood becomes chemically deranged and impoverished. Hence, epistaxis, ecchymosis, in a word, all the vital functions that compose the organization become very much excited and their action depraved and perverted.

From a very careful study of typhoid fever, I am satisfied that the cause of derangement commences, doubtless, with the suspension of the functions of the skin and kidneys, which are the principal eliminating organs for the impurities of the circulation. Close the porosities of the skin to the escape of carbonic acid gas, and the kidneys to that of uric acid, and the result will be general poisoning of the whole organized structure of the body—the brain and nervous system receiving the greatest injury, because possessing the greatest degree of vitality.

That the nervous system manifests a great deal of derangement in this form of fever, we do not pretend to deny; but that it is the seat and sole cause of disturbance, I certainly cannot believe. The nervous affection is certainly secondary to the primary impression, undoubtedly the effect and not the cause. It seems to me plainly manifested that it is an effort on the part of nature to eliminate from the circulation the impurities which it contains. Hence, a derangement of the nervous system, and also of the intestinal canal, &c.

Having arrived at these conclusions, as to the pathology and causes of typhoid fever, the true indications to be fulfilled in the treatment are to equalize the circulation, allay irritation,

promote perspiration, and, in fact, aid the recuperative processes of nature. If we succeed in accomplishing this, we are able to arrest the fever at once, and restore the patient to a state of health. The various indications may be fulfilled by mild cathartics, diaphoretics, and diuretics. Standing preëminent in effecting these ends, mild cathartics will equalize the circulation, to a certain extent, and promote perspiration, and remove the unhealthy feculent accumulations of the bowels; anodyne diaphoretics allay irritation, and promote diaphoresis; diuretics aid in purifying the blood, by exciting the kidneys to a healthy action. When the skin is hot and dry, sponging with cold water will be found to afford great relief to the patient. If there is a liability to prostration and debility, tonics, stimulants, and a generous diet cannot be safely dispensed with, such as chicken or squirrel soup well salted, beef tea, &c.

ARTICLE XXXI.

BEE BREAD AS A DIURETIC.

By JAMES S. WHITMIRE, M.D., Metamora, Ill.

I am not aware that it is generally known to the profession, but it has come very forcibly to my mind, within the two months past, that beebread is a most powerful *diuretic*.

Having bought, from one of my neighbors, a quantity of honey in the comb, for family or table use, we proceeded, accordingly, to feast upon the delicious morsel, every day, for four or five weeks, during which time, on account of the muddy roads, I was compelled to take to the saddle, to perform my professional engagements; and, at the same time, I observed that I could not ride more than four or five miles without being compelled to stop and void my urine. At first, I thought but little of this inconvenience, as equestrian exercise always, to a greater or less extent, tends to promote the secretion of urine, but after a few days of that kind of exercise that effect upon

the kidneys would gradually wear away, and the annoyance cease. But this time the abundant secretion continued so persistently that I became alarmed lest my kidneys were becoming diseased, and I began seriously to investigate the nature and cause of my trouble.

I tried, first, the nitric acid test for albumen, supposing I might be affected with albuminuria, but no signs appeared. I then searched for some proof of diabetes mellitus, but without any satisfactory results, until I applied the two delicate tests of the epicure upon it, when, lo, there appeared the taste of beebread upon my tongue, and the flavor of the same upon my olfactories. All this time I was compelled to rise from my bed every night, once or twice, to urinate; and, while complaining to my wife about my troubles and fears in regard to my situation, she informed me in a very laconic manner, as I thought, that she supposed it must be a kind of family disorder, as the children had scarcely missed wetting the bed, every time they slept, for five or six weeks, a thing very uncommon with them for two or three years past.

I now selected some of the oldest comb that contained the greatest quantity of the bread, and separated it from the honey and comb; then, after abstaining a week from the use of my favorite sweet, and getting quite over my renal disease, as well as my unnecessary alarm, I partook of the bread, without the luxury of the honey, to the extent of $\mathfrak{z}\mathfrak{j}$, three times per day, when, as I was expecting, back came the enormous secretion, but this time producing an entirely different effect upon my mind, so that I was now prepared to investigate the effects a little more at length. I continued taking $\mathfrak{z}\mathfrak{i}\mathfrak{j}$ per day, for about a week, during which time I voided from four to six fluid pounds per day, the difference being the *greatest when I was at some out-door exercise*. When I remained quiet, in my warm office, there was from one to one and a-half pounds less secretion than when exercising. I also repeated the same experiment on my children, and found, to my entire satisfaction, that this article possesses most valuable diuretic powers, and there seemed to be no disagreeable symptoms following its use, except-

ing a slight degree of flatulency and a looseness of the bowels produced, the latter of which is not, unfrequently, very desirable, particularly in dysuria, where there is irritation of the neck of the bladder and urethra, or, even in strangury, where there is absolute inflammation of the urinary passages. This, to me, is the more evident, from the enormous quantity of urine secreted, and, consequently, any irritating quality that it might contain would be so diluted as to be rendered entirely mild and inoffensive to the delicate structure of the urinary passages.

One advantage this article has over many others of its class is, that it is entirely palatable and inoffensive to the stomach, producing no irritation or nausea of the latter organ, and, consequently, the facility with which it may be administered to children and persons having a delicate stomach.

I write this article, not so much to enlighten the profession, or extend the already long list of diuretic agents, as to introduce a simple and, at the same time, an efficient remedy, that may be found at nearly every farm-house in the land, and to show the novel manner in which my attention was called to its effects.

ARTICLE XXXII.

REPORT ON THE SANITARY CONDITION OF CHICAGO, AND PREVALENCE OF DISEASES, FROM APRIL 1ST, TO AUGUST 1ST, 1865.

By N. S. DAVIS, M.D., and Prof., Chicago, Ill.

Read to the Chicago Medical Society, August 4th, 1865.

The three Spring months of this year were, as a whole, more pleasant than the average for a series of years. There was less rain, the soil and roads became settled and dry earlier, and there were fewer sudden and extreme atmospheric changes. And, though the streets and alleys abounded in filth, as usual, yet there had been, during the winter and spring, less of the refuse of distilleries, slaughtering and rendering houses, &c., allowed to enter the Chicago River, and, consequently, it had

been much less offensive than during the same part of the two preceding years. The last half of May and the first week in June, were unusually dry, so much so, as to cause apprehension of injury to the growth of agricultural products. The air, however, was cool and pleasant. From the 15th to the 25th of June, the atmospheric temperature was higher than the average for that part of the month. Showers of rain fell almost every morning, and the afternoons were clear, hot, and oppressive; the atmosphere being nearly filled with aqueous vapor, and the wind blowing lightly from the south and south-west.

During this time, the ordinary diarrhœas and cholera-morbus of Summer commenced, especially among children, and on the morning of the 24th, I was called to two adults, presenting all the symptoms of epidemic cholera. One was a man, on Rush Street, in the North Division, and the other was a female, on South Clark Street, near the river. The rice-water discharges, the small, feeble pulse, the sunken eyes, the husky voice, and the muscular cramps, were all as fully exhibited as in the majority of cases of cholera, when that disease was epidemic in the Summer of 1854. During the same day I also saw three severe cases of dysentery.

On the morning of the 25th, the wind changed to the north-west, accompanied by showers and a cool bracing air. It continued cold and dry until the 28th, during which all the new attacks of bowel-complaints, whether in children or adults, that came under my observation, presented the symptoms of dysentery.

On the morning of the 28th, some rain fell, the wind changed to the south, and the afternoon was warm and oppressive. From this to the 7th of July, the winds continued from the south and south-west, with occasional showers and a high temperature. The high temperature and high degree of atmospheric moisture rendered the influence oppressive and relaxing to the animal economy. During this period, the attacks of serous diarrhœa, cholera-infantum, and dysentery again increased rapidly, and a few cases were of sufficient severity to present a strong resemblance to epidemic cholera.

On the morning of the 7th of July, the wind suddenly changed to the north, and blew cold, followed by rain in the evening. From that time to the 1st of August, the weather continued cool and rainy, with a predominance of winds from the north and north-east. During the whole time, there were not three consecutive days of clear, dry, and hot weather, such as we usually have in the middle and latter part of July. During the sixteen years that I have lived in this city, I have not known such a predominance of cold and rain in the month of July. Soon after the change to cold, on the 7th of July, the attacks of serous diarrhœa and cholera-morbus became less frequent, while those of dysentery became more numerous, and were often complicated with catarrhal symptoms, as cough and soreness in the chest. During the last half of July, not less than 12 cases of severe asthma, mostly connected with bronchial irritation, came under my care; which is much more than the usual number for that season of the year.

Most of the cases of diarrhœa and dysentery have been readily controlled by proper remedies, and, hence, the ratio of mortality has not been high. I have observed but little tendency to fevers of any type. Hence, the four months included in this report, have presented an aggregate mortality below the average for the last three years. This will be apparent from the following statistics derived from the monthly report of the

Health Officer:—	1864.	1865.
Mortality in April,-----	298	256
“ May,-----	309	229
“ June,-----	262	195
“ July,-----	426	426
Total,-----	1295	1106
Excess in four months of 1864,-----		189

When it is remembered that the population of the city during the four months of 1865 was several thousand more than during the corresponding months of 1864, the difference in the ratio of mortality will be very striking.

It may be well to remark that the first thorough saturation

of the Chicago River with the offal and refuse of the slaughtering-houses, rendering establishments, distilleries, hog-yards, &c., occurred in the Autumn of 1863. It was then, for the first time, that the atmosphere of the whole city became offensively impregnated with the putrid effluvia from both branches of the river, and from the neighborhood of Bridgeport. And not only so, but the hydrant water supplied to the inhabitants became impregnated with the same materials.

The first unusual prevalence of disease noted in connection with the sanitary conditions just alluded to, was an extensive and severe epidemic of erysipelas, which began in the Fall of 1863, and continued until the Spring of 1864. Not long after the commencement of the erysipelas epidemic, continued fevers were found to be more prevalent and severe than usual. Many of the cases presented all the characteristics of true typhus. The prevalence and fatality of these fevers were much above the average of previous years, during all the first three quarters of 1864. Another disease which added materially to the mortality of the last quarter of 1863, and the first half of 1864, was small-pox, which was both extraordinarily prevalent and fatal. Indeed, this disease did not cease its unusual prevalence until the Spring of 1865. The ratio of mortality in Chicago, for 1864, was much above the average for a series of years, and much higher than for any previous year since the epidemic of cholera, in 1854. A detailed examination will show that this excess of mortality in 1864, as well as in the last half of 1863, was owing, principally, to the unusual prevalence of erysipelas, continued fevers, and small-pox.

The extraordinary stench which pervaded the atmosphere of the city, and impregnated the water, during the Autumn of 1863, and the succeeding Winter, induced the city authorities to bury the large heaps of putrid offal that had been deposited on the prairie in the vicinity of the south-west part of the city, and to adopt more stringent measures for preventing similar accumulations in future, either on the prairie or in the river. The consequence has been that, during the first six months of the present year, neither the atmosphere nor the water of the

city has been so offensive as during the previous eighteen months. Coincidentally with this improvement in the condition the of atmosphere and water, so far as relates to the impregnation of putrid animal matter, we find a striking diminution in the ratio of mortality, as shown by the foregoing statistics. It is also apparent, on examining the details of the monthly reports, that the low ratio of mortality for the last four months, is mostly owing to the diminished prevalence of erysipelas, continued fevers, and small-pox.

Thus, in April, 1865, the number of deaths from erysipelas was 2, continued fevers 12, and small-pox 4; in May, from erysipelas 3, continued fevers 8, and small-pox 5; in June, from erysipelas 1, continued fevers 7, and small-pox 3; in July, erysipelas 1, continued fevers 15, and small-pox 0. In the corresponding months of 1864 the deaths from erysipelas and continued fevers were more than double the above figures, while from small-pox they amounted to an aggregate of 100 or more than six times the number indicated by the above figures. We have thus in the comparison of the mortality of the city during the two years past, in connection with the well-known impurities of the air and water from the presence of putrid animal matter, another striking illustration of the direct influence of such matters on the prevalence and mortality of some of the most important diseases of the zymotic class.

In speaking of the atmospheric conditions and changes, during the last four months, it was stated that during a week of warm, damp, and sultry weather between the 18th and 25th of June, attacks of diarrhœa and cholera-morbus first became frequent; and that during a week of still warmer and more oppressive weather, embracing the first seven days of July, similar attacks of bowel-affections became still more frequent and severe, some of them presenting every symptom of true cholera. The unusual cold and wet that prevailed nearly all the rest of the month of July, was attended by fewer cases of serous diarrhœa and cholera-morbus, but a larger prevalence of dysentery. The progress of these affections, and their rapid increase during the month of July, is shown in the monthly report of

mortality by the Health Officer. In his table for April, we find the following: dysentery 0, diarrhoea 2, teething 4, cramps 19; for May, dysentery 2, diarrhoea 9, teething 6, cramps 13; for June, dysentery 1, diarrhoea 13, teething 6, cramps 12; for July, dysentery 21, diarrhoea 120, teething 22, cramps 35. What the Health Officer means by the word "*cramps*" in his report, I am wholly at a loss to conceive. It will be seen that it stands responsible for no less than 79 deaths during the last four months; 35 of which occurred during the month of July. That it is not used as synonymous with convulsions, is evident from the fact that the latter term also appears in each monthly table, covering as many deaths as could be reasonably supposed to occur from convulsive diseases. That some of the cases reported under the head of *cramps* were simply cases of cholera-morbus accompanied by muscular cramps, especially during the month of July, is highly probable, but how many, it is impossible to state, and hence they cannot be properly included in the class of bowel-affections. If we exclude these and include those attributed to *teething*, the whole number of deaths from dysentery, cholera-morbus, and diarrhoea in each of the four months will be as follows:—

In April, -----	Dysentery, 0	Diarrhoea, 6
May, -----	do 2	do 15
June, -----	do 1	do 19
July, -----	do 21	do 142

Thus while the gross mortality for July is more than double that of June, three-fourths of the increase is attributable directly to bowel-affections; and that too chiefly in young children. For instance, in June, of a gross mortality amounting to 195, only 77 were children under five years of age. In July, out of a gross mortality of 426, there were under 5 years of age 271, or considerably more than one-half of the whole number. It is a common opinion, both in and out of the profession, that a large part of the summer mortality among children arises from eating unwholesome vegetables and fruit. This is certainly not sustained by the Health Officer's figures. Thus, during the past month of July, while 271 deaths occurred in children under

5 years of age, only 14 occurred in children between 5 and 10 years. Yet those of the latter age in this city certainly consume a much larger quantity and variety of vegetables and fruit than those of the former. The figures taken in another aspect equally refute the more popular and far more mischievous idea, that most of the fatal bowel-affections of young children are owing to "*teething*." It is quite certain that the number of children undergoing the process called *teething*, in the month of July, did not differ materially from the number undergoing the same process during either of the three preceding months. And yet the infant mortality for these several months is stated as follows:—

Deaths of children under 5 years of age in April,-----					102
do	do	"	"	"	May,----- 91
do	do	"	"	"	June,----- 77
do	do	"	"	"	July, ----- 271

The refutation will be still more complete if we place in this connection the mortality directly from bowel-affections.

Whole number of deaths from Bowel-affections in April,-					6
"	"	"	"	"	May,- 17
"	"	"	"	"	June,- 20
"	"	"	"	"	July,-163

More than fifteen years of close and careful observation in this city, has satisfied me that the prevalence and fatality of dysentery, diarrhœa, and cholera-morbus among children, bears no relation either to the consumption of vegetables and fruit, or to the process of *teething*; but is determined almost wholly by atmospheric conditions. During the whole fifteen years, I have not known a single week of continuous high temperature, with the prevailing winds from the south or south-west, occurring between the middle of June and the last of August, that was not accompanied by a marked increase in the number and severity of the attacks of cholera-morbus and diarrhœa in young children. If to the continuous high temperature and southerly winds, is added an excess of atmospheric moisture and the usual emanations from densely populated cities, the number and fatality of the attacks will be still further increased. But I have

already extended this report to an undue length, and will call your attention to only one more topic, and that is, the very imperfect and unsatisfactory statistics of mortality furnished by the Health Officer of this city. It is probable that the gross mortality for each month is given correctly, as well as the mortality during the several periods of life; but the statement of the *causes of death*, is wholly unreliable, and much of it unintelligible. Thus in the table for July, we have assigned as *causes of deaths* the following: cold 1, cramps 35, childbirth 6, dropsy 8, liver-complaint 1, summer-complaint 94, spasm 1, teething 22, tumor 1, &c. Are we to infer that the individual dying from cold, *froze* to death; or did he die from bronchitis, pneumonia, tonsilitis, or something else? Where were the *cramps* that killed 35 of our citizens in one month, and what was the disease that gave rise to them? Did the 6 who died from *childbirth*, actually die from obstructions or difficulty in the delivery or from some one of the diseases incident to confinement? Were the 8 who died from *dropsy* affected with organic disease of the heart, kidneys, liver, ovaries, or what? Then the 22 victims to teething. Are we to infer that they actually became fatally exhausted from the natural growth of the teeth? If not what was the real disease from which they died? The 94 cases attributed to *summer-complaint*, were undoubtedly bowel-affections; but how many of them were dysentery, how many simple diarrhœa, and how many cholera-morbus? The worthlessness of such reports needs no comments to make it apparent.

Proceedings of Societies.

PROCEEDINGS OF THE DEWITT COUNTY MEDICAL SOCIETY.

The Society met in quarterly session, at the office of Dr. Madden, in Clinton, on Monday, the 3d day of July. The President, Dr. John H. Tyler, in the chair.

The minutes of the previous meeting were read and approved.

Drs. Adams and Madden, the essayists, being unprepared, were requested to read their essays at the next meeting.

Dr. Davis, of Wapella, exhibited to the Society a specimen of monstrosity, giving a full history of the case, for which he received the thanks of the Society.

Dr. Adams made a verbal report of three cases of cerebro-spinal meningitis, which led to a discussion upon the pathology and treatment of this remarkable and fatal disease, in which most of the members present partook.

Dr. Lewis, of Marion, reported an interesting case of diphtheria, of a child two years old, giving treatment and favorable result, which called up another animated discussion, in which most of the members participated.

Gunshot wounds was chosen as the subject for discussion at the next meeting.

On motion, it was ordered that the Secretary furnish a copy of these proceedings to the *Chicago Medical Journal* and *CHICAGO MEDICAL EXAMINER*, for publication.

On motion, the Society then adjourned to meet in semi-annual session, in Clinton, on the first Monday in October, at 10 o'clock A.M.

At this meeting we had the extreme pleasure of taking by the hand, our esteemed friend and fellow-member, Dr. John Wright, late Surgeon of the 107th Ill. Inf., who had just returned from the field, after serving the country creditably for three years.

CHRISTOPHER GOODBRAKE,

Secretary.

Book Notices.

THE RENEWAL OF LIFE. LECTURES, CHIEFLY CLINICAL. By THOS. KING CHAMBERS, M.D., Honorary Physician to H. R. H. the Prince of Wales; Physician to St. Mary's and the Lock Hospitals. From the third London edition. Philadelphia: LINDSAY & BLAKISTON. 1865.

This is an elegantly published octavo volume, of 638 pages; containing 52 lectures, on the following topics:—Life and

death; disease and cure; formation of mucus and pus; typh-fever; small-pox; rheumatic fever; gonorrhœal rheumatism; pericarditis; pleurisy; hydrothorax; acute laryngitis; capillary catarrh; pneumonia; emphysema of lungs; pulmonary consumption; thoracic aneurism; disease of the heart; purpura; anæmia; prominence of eyeballs; atrophy of muscles; chorea; epilepsy; hysteria; spinal paralysis; sciatica; albuminuria; ascites; diabetes; mortification; importance of the digestive organs in therapeutics; indigestion in general; slow digestion and acidity; pain in the stomach; eructation and vomiting; diarrhœa; costiveness and constipation; dietetics; corpulence; on pepsin; on alcohol; on blood-letting; answers to objections.

The reader will find much in this book that is valuable, mixed with some doctrines which we deem, not only erroneous, but decidedly mischievous in their influence. We shall notice some of the chapters more in detail at a future time.

THE ARMY SURGEON'S MANUAL, for the use of Medical Officers, Cadets, Chaplins, and Hospital Stewards, containing the Regulations of the Medical Department, all General Orders from the War Department, and Circulars from the Surgeon-General's Office. From January 1, 1861, to April 1, 1865. By WILLIAM GRACE, of Washington, D.C. Second edition. Published by permission of the Surgeon-General. New York: BALLIERE BROS., 520 Broadway. 1865.

This is a small sized octavo volume, of 225 pages. It is divided into four parts. The first part contains a list of the Medical Staff of the United States Army, in February, 1865.

The second part contains the "Regulations of the Medical Department, from the Revised Regulations for the Army."

The third part contains the "General Orders relative to the Medical Department."

The fourth part contains Circulars of instruction, &c. The work having been published by permission of the Surgeon-General, and reached a second edition, we presume its statements and instructions are correct. It is designed more especially for medical officers of the Army, but will be found useful, for reference, by all classes.

PHYSICIAN'S PRESCRIPTION BOOK. Containing lists of the terms, phrases, contractions, and abbreviations used in prescriptions, with explanatory notes;

the grammatical construction of prescriptions; rules for the pronunciation of pharmaceutical terms; a prosodical vocabulary of the names of drugs, etc.; and a series of abbreviated prescriptions, illustrating the use of the preceding terms. To which is added a Key, containing the prescriptions in an unabridged form, with a literal translation. For the use of Medical and Pharmaceutical Students. By JONATHAN PERIRA, M.D., F.R.S. Fourteenth edition. Philadelphia: LINDSAY & BLAKISTON. 1865.

This is a small duodecimo volume, of near 300 pages, the contents of which are fully indicated by the title quoted above. It is a very convenient and useful work for reference; and the fact that it has reached the fourteenth edition, is sufficient evidence that its merits are appreciated by the Profession.

Editorial.

MEDICAL SCHOOLS IN CHICAGO.—Before the next issue of the *Examiner* will have reached its readers, the time for commencing the regular Annual Courses of Lectures in the medical colleges of this City, will have arrived. By the Annual Announcement of the Chicago Medical College, we learn that the next lecture term will commence on the *first Monday* in October, and continue, as usual, until the first Tuesday in March following. All the chairs in the Faculty are well filled; the means of illustration, both in the laboratory and museum, are ample; and the general course of instruction much more extensive and complete, than in most of the medical colleges in this country. It is also one of the first medical schools in this country, that has made daily *Hospital Clinical* instruction a necessary part of its course. Its intimate connection with the Mercy Hospital, gives it all the facilities in this respect that can be desired, or made available for the benefit of the student. Professor H. A. Johnson, President of the Faculty, who is spending the present season in Europe, will return before the opening of the lecture term, and bring with him some valuable additional means of illustration, particularly in the departments of anatomy, physiology, pathology, and microscopy. All further

information needed, can be obtained by perusing the Announcement, or by addressing the Secretary of the Faculty, Professor E. Andrews, 101 Washington Street, Chicago, Ill.

Not having received a copy of the Annual Announcement of the Rush Medical College for 1865 and 1866, we can give no particular information concerning the coming term in that institution. We presume, however, it will be much the same as in former years.

DEATHS.

PROFESSOR D. L. MCGUGIN, OF KEOKUK, IOWA.—The death of this most faithful and enlightened member of our profession, was duly announced to us in the resolutions below, copied from the local papers of that city. Dr. McGugin had been, several years, one of the most influential members of the Faculty of the Medical Department of the Iowa University; and an active and highly esteemed member of the American Medical Association. He was universally respected as a physician, a citizen, and a Christian:—

DEATH OF DR. D. L. MCGUGIN.—Pursuant to a call, the Keokuk Medical Society, together with the members of the medical fraternity of Keokuk, met at the office of the Secretary.

Present—Drs. Knowles, Seaton, Taylor, Cleaver, Harvey, McDonald, McIntosh, Sanford, Davis, Curtis, and Carpenter.

The meeting was called to order, and Dr. Knowles selected to preside, who briefly stated the object of the meeting to be the adoption of measures appropriate to the funeral services of D. L. MCGUGIN, M.D.

On motion, it was

Resolved, That the medical fraternity of the city be requested to attend the funeral in a body, and that the members wear the usual badge of mourning.

On motion, a committee of three, viz.:—Drs. Taylor, Harvey, and Cleaver were appointed to draft resolutions expressive of the sense of this meeting.

It was further

Resolved, That the proceedings of this meeting be published in the daily papers, and that the family of the deceased be furnished with a copy.

Society adjourned to meet at Dr. Cleaver's office Sunday, at

2 o'clock P.M., and proceed in a body to the residence of the deceased.

F. KNOWLES, M.D., *Chairman*.

A. M. CARPENTER, M.D., *Secretary*.

Whereas, In the wisdom of Divine Providence, our professional brother, Professor D. L. McGugin, has been taken from our midst to the "home of his fathers," therefore, as a last tribute to his departed worth, as a citizen and member of our profession and expressive of the sense of the members thereof in this city, it is hereby

Resolved, That, in his loss, which we deeply feel, we have been deprived of our associations with one who ever sought the highest standard of scientific attainment, and who has felt that the chief aim of his life, next to his religion, was to advance the interest of the profession he so signally adorned for a period of more than a third of a century.

Resolved, That as a patriot, he having twice entered the service of the Government, when struggling with foreign and domestic foes, he was true and loyal in the highest degree, and set a glorious example, by his personal sacrifices, his earnestness, and zeal, that the present and future members of our fraternity may well emulate.

Resolved, That, as a friend and member of this Society, we have ever found our deceased brother faithful, just, and kind-hearted; liberal in his treatment and opinions of others; and never actuated by narrow, jealous, or unkind sentiments.

Resolved, That we tender our heartfelt sympathies to the family and relatives of the deceased, and more particularly to her who has shared with him the struggles, anxieties, aspirations, and honors of an eventful life, do we offer our sincere condolence.

DR. JAMES COUPER, OF NEW CASTLE, DELAWARE.—"Died, suddenly, at New Castle, Delaware, on the 12th instant, James Couper, M.D." Such was the brief announcement in a Philadelphia paper, that gave us the first intelligence of the departure of one of the best men in the ranks of our profession. When the first circulars were issued, in 1845, inviting a convention of delegates from the medical societies and colleges in the United States, preparatory to the formation of the American Medical Association, Dr. Couper was one of the first to respond cordially to the proposition.

He attended the Convention in New York, in May, 1846, and was made chairman of the committee on the preliminary education of students of medicine. At the succeeding meeting in Philadelphia, he made an able and interesting report, which was fully approved by the meeting. Up to the time of his death, he remained an active and highly respected member of the National Association. He was an excellent example of the good physician, the upright citizen, and the true Christian. We deeply sympathize with his large circle of mourning relatives and friends.

DR. MELVIN N. RUST, SURGEON OF U. S. VOLS.—We copy the following notice of this most amiable and talented young physician, from the City papers:—

Intelligence has been received of the death of Major Melvin N. Rust, a graduate in the Chicago Medical College at its last term. He died at Nashville, Tenn., August 13th, of bilious dysentery, after an illness of some four or five days, and was only twenty-four years of age. Since his graduation, Dr. Rust has held the position of surgeon of the 154th Illinois Volunteer Infantry, and, at the time of his death, was chief surgeon of the brigade to which his regiment belonged, and surgeon in charge of the post hospital at Nashville. He had, for so young a man, a large and warm circle of friends; and possessed a kind heart, the most gentlemanly qualities, and far more than ordinary ability and industry, and gave every evidence that he would assume a high rank in his profession. A special meeting of the Faculty of the Chicago Medical College was held this afternoon, at which the death of Major Rust was announced, regarding which the following preamble and resolutions were unanimously adopted:—

Whereas, It has pleased Almighty God to remove from our midst Dr. Melvin N. Rust, our friend and former pupil, a member of the graduating class of 1864-5; therefore be it

Resolved, That in the death of Dr. Rust we feel the loss of a personal friend, and of one who gave unusual promise of future success in his profession, and of usefulness in the community, and who, by his gentlemanly qualities and marked ability as a student, secured alike our admiration and personal friendship.

Resolved, That with the numerous friends, and especially with his relatives and immediate family, we deeply sympathize in the loss they and we have sustained.

Resolved, That a copy of these resolutions be sent to the family of Dr. Rust, and that their publication be requested in the CHICAGO MEDICAL EXAMINER, and each of the daily papers of the City.

AMERICAN DENTAL ASSOCIATION.—The regular Annual Meeting of this organization was held in this City recently. The number in attendance was large; the proceedings harmonious, interesting, and profitable; and the social intercourse exceedingly pleasant. Below we give a part of the admirable welcoming address of Dr. Allport, chairman of the committee of arrangements. And as the subject of Specialties and Specialists is attracting some attention, at the present time, we have also given the substance of the remarks made in response to a sentiment offered at one of the evening entertainments:—

Mr. President, and Gentlemen of the American Dental Association:—In bidding you welcome to the City of Chicago, on an occasion so interesting and auspicious to our Profession as the present, it may not be deemed inappropriate to the time and place of our meeting, to indulge in a brief retrospect of the past.

In the summer of 1859, twenty members of the dental profession met in convention at Niagara Falls, to consult together as to the expediency of forming a National Association upon the representative basis. All, I believe, who were present felt that if such an association could be formed, and should receive the sanction and coöperation of any considerable portion of the better class of practitioners, the best interests of the profession would be promoted, and great good result to the public.

The number of state or local societies, then existing, to send delegates to the annual meetings of an association of this kind, was so very limited, that but few even of the small number present felt at all sanguine of the ultimate success of such an enterprise. But in view of the many great and good results anticipated from such association, in case it should be crowned with success, and in the hope that the formation of local societies would be stimulated thereby, it was determined to take the

initiatory steps for the organization, deferring final action until the following year.

At the appointed time, July 31st, 1860, *twenty-three* delegates only, of the various dental societies and colleges then existing, met in the City of Washington, and the American Dental Association was organized, and entered upon its work. Five years only have passed, and from what was a small and doubtful beginning, by the steady and well-directed efforts of those who were instrumental in its formation, this association has become one of the most successful enterprises of the profession, and one of the most useful and influential dental societies in the world.

Of the professional standing of those who have attended, as delegates, the annual meetings of this Association, and have been accustomed to take part in its proceedings, it is not necessary for me to speak. They are universally acknowledged as standing among the most scientific and successful operators of our time and country, and as belonging to the class *progressive*. The essays and discussions of the members of this Society have passed into the literature of our profession, and become a part of its history. In point of ability they have been by far the ablest and most instructive that have ever emanated from any body of dentists in our country, and will suffer little, if any, in comparison with the essays and discussions of the American Medical Association. Should this Association adjourn *sine die* to-day, and never hold another meeting, yet sufficient good has already been accomplished by it to fully vindicate the wisdom and foresight of those who first projected it, and have done the most to sustain it.

As we cast our mind's eye over the history of dentistry, and see how, in the last forty years, it has risen from a tinkering, catch-penny calling to the dignity of a noble profession, in whose ranks may be found men of high moral and scientific culture, commanding alike the confidence and respect of the educated and refined, we can but attribute much of this progress and pleasing result to the influence of our various local and national associations. All of these associations have had their

influence for good, and are important, but none is so well calculated, in every respect, to allay that spirit of jealousy and distrust in each other—that fatal millstone around the neck of all selfish communities—none so well calculated to strengthen the bond of a common interest and brotherhood, that should bind the profession of the East with the West, the North with that of the South, and make all to feel their mutual dependence upon each other as a representative National Association. In it are embodied the principles that underlie the structure of our National Government, which has demonstrated to the world that, for the protection of a community of interests, or for the development of resources, whether material or *mental*, no organization or government is so strong as that based upon the principles of a representative Republic.

You are all familiar with the advantages of association and combined labor in the various avocations of life, no matter whether it be in mental or physical labors. You assemble here to-day, as delegates and members from different parts of our extended land, and in the discussions here elicited you will find new illustrations of the old familiar truths that “knowledge is power,” “union is strength,” and “in a multitude of counselors there is wisdom.” By the contact of mind with mind, both will be strengthened, and embryo ideas and theories will be developed into full maturity: “There is a magnetism in such contact, full of creative energy. Flint and steel are passive in themselves, but clash them together and they give out fire, and brightness dazzles upon the sight. The positive and negative poles of a battery never come together without a *result*. By friction of different mental organizations together, an idea is evolved, a new law is discovered, a new creation is added to the wealth of knowledge, and the long-coming rays of a new truth, like those of a far-off star in the laboratory of heaven, reach and illumine the world.”

Gentlemen, this Society was organized for a purpose. Its mission is not yet fulfilled. It has a great work to do—a destiny to accomplish. The men who were instrumental in its formation were not discouraged because it was so small and

unpromising at first. They knew that in the profession it had a strong and vigorous mother to nurse it, and that its growth was certain, but they did not expect it to mature so rapidly. Nor will those who are now engaged in it be so elated by its unexpected success as to allow it to sink under that supine and careless indifference, which so often follows prosperity. Its course will be onward and upward—its motto, Union and Progress.

REMARKS OF DR. N. S. DAVIS, President of the American Medical Association, at an entertainment given by him, at his residence, to the Members of the American Dental Association, in response to a toast offered by Dr. C. W. SPAULDING, President of the Association, July 27, 1865:—

“To the President of the American Medical Association; Medicine, Surgery, and Dentistry—departments of a common science, their disciples should constitute a common brotherhood.”

Dr. N. S. DAVIS, being generally called for, responded substantially as follows:—

Gentlemen and Ladies:—I am not only happy to be honored with your company this evening, but cheerfully respond to the sentiment just expressed by your honored President. That medicine, surgery, and dentistry are actually practical departments of a common science, very few will be disposed to deny. I say *common science*, in deference to popular custom. It would be more proper, however, to use the plural form of expression; for what is generally styled *medical science* is really an aggregation of many sciences, and their cultivation with direct reference to the prevention and alleviation of human suffering. The science of medicine, popularly so called, consists of facts and principles selected from every department of natural science, philosophy, psychology, political and social economy, and their application to the elucidation of the causes, nature, and treatment of such diseases, deformities, and injuries as are liable to afflict our race. Hence the student of medicine, in its general sense, is emphatically a student of

nature. And not only so, but he studies the broad fields of nature for the highest and noblest of temporal objects, namely, to qualify himself for mitigating or relieving the imperfections, deformities, and diseases of his fellow men; whether they occur in the teeth, the organs of special sense, the extremities, or the more vital organs within the body.

Medicine, surgery, and dentistry are all based upon anatomy, physiology, pathology, and *materia medica*. Without anatomy none of you, as dentists, can know either the structure of a single tooth or its connections with the jaw, gums, bloodvessels, nerves, &c. Without physiology, none of you could know the natural uses and influences of the several parts just named, or the relations of the teeth to the whole processes of digestion, assimilation, and nutrition. As pathology bears the same relation to organized structures in an imperfect or diseased condition, as physiology does to them in the natural, so without a knowledge of it, neither the physician, surgeon, or dentist could know anything of the origin, nature, and tendencies of the diseases and defects he professes to treat. The *materia medica*, in its full scope, includes everything that can be made useful in the mitigation or removal of any of the ills to which man is liable. The gold that fills a cavity in a tooth, the wash that soothes an irritated gum, and the instruments used for adjusting both, are as much a part of the armamenta or *materia medica*, as are the pills and powders administered by the physician. These four branches of medical study are fundamental, and no man can do full justice, practically, to the most limited specialty without a thorough knowledge of them all.

Every member of your Association will acknowledge that a dentist should certainly understand the composition, structure, and mode of development of the teeth, together with the causes that render their development defective, or induce in them disease and decay. But in a single tooth you have three out of the five primary forms of living, structural organization, namely, the fibrous, vascular, and nervous, with the peculiar arrangement of inorganic matter to give it solidity.

A knowledge of these structures, whether chemically, ana-

tomically, or microscopically, involves a knowledge of the same structures in all other parts of the body. To understand the development of a tooth and its appendages, from materials selected from the blood, involves a knowledge of the blood itself, and all the laws that govern the intricate processes of assimilation, nutrition, and disintegration in living structures generally. The same remark applies with equal emphasis to the causes of imperfections and diseases of the dental organs, and the means for remedying them. Indeed, there is not a living atom of our physical organization so isolated that a knowledge of its structure, nutrition, disintegration, and various morbid conditions, can be obtained, without developing all the essential facts and principles of anatomy, physiology, and pathology.

So far, therefore, as dentistry is a science, as distinguished from a mere mechanical art, it rests on the same foundation, and necessarily involves the same series of studies as all other departments of medicine and surgery.

Of late, much has been said about specialties and specialists; and there is, at this day, especially in our country, a manifest tendency to favor the multiplication of both. We are told that instead of a few leading divisions of medicine and surgery, we should have almost as many specialties as there are important organs in the human body; and that every individual member of the profession should devote himself to the study and treatment of some one class of diseases, or the diseases of some one organ or apparatus of organs. By thus concentrating attention upon a limited number of diseases or injuries, it is claimed that greater skill will be acquired in their treatment; and more advancement in our knowledge of their nature and tendencies. Division of labor and concentration of attention, is said to have been the parent of most of the discoveries and improvements of modern times. It is further claimed that the whole field of medical and surgical sciences, with their practical application, is so extensive that it is impossible for one man to so master the whole, as to properly qualify himself for the practice of all its departments.

This process of reasoning is plausible, and to a limited extent true. It is true that in all the mere mechanical arts, the greater the division of labor, and the more perfectly each man is restricted to a certain series of movements, the greater will be the skill and accuracy acquired in their performance.

The Dentist who restricts his work entirely to the processes of filling teeth, may possibly acquire greater skill in that particular work, (provided he has enough of it to do,) than he would if he filled teeth, extracted teeth, fitted artificial teeth, &c.

The Surgeon who restricts himself entirely to the more important and delicate operations on the eye, or the ear, or the bloodvessels, may acquire greater dexterity in those particular operations, than if he attended to the whole field of operative surgery. But the rule applies properly, only to such operative procedures as are essentially mechanical; and cannot be extended to the treatment of diseases of particular organs, without causing more mischief than good. The reasons are obvious to every enlightened and reflecting mind.

First, the various organs of the human body are not so many isolated parts, the functions and diseases of which have no influence upon each other, but they are so intimately connected and mutually dependent, that not a single morbid impression can be made on one organ that will not exert a modifying influence on all the rest.

The same heart sends the blood to every organ and structure in the body. The same nervous centres radiate the delicate threads that are to impart sensibility or command motion to the remotest parts of our organization. And the same vital properties pervade every living atom. Every link in the chain of actions constituting digestion, assimilation, nutrition, disintegration, and excretion is so connected that not one can be broken or marred without embarrassing the action of the whole. Hence, it is literally impossible to comprehend the nature, tendencies, and results of the diseases of one organ without studying their influence on all the others and *vice versa*. Hence there can be no such thing as specialism proper, in the study of path-

ology or the nature of diseases. The whole field must be studied before any one of its parts can be fully understood.

Second, the circumstances of civilized communities ever have, and probably ever will, prevent any extensive division of practical medicine and surgery into specialties, except in a few large cities and densely populated towns. Much the larger part of the inhabitants of every country occupy the rural districts, where they are obliged to send from one to ten or fifteen miles for a practitioner of any kind. Now, suppose each member of the profession was devoting himself to such special diseases as he imagined to be most in consonance with his taste, and a farmer living five miles from his market place or business centre, should be attacked with acute pain in his side, and send for Dr. A. on the supposition that his attack was inflammation of the lungs. After ten or twelve hours delay, Dr. A. arrives, but finds on examination that the pain is certainly located below the diaphragm, and of course no disease of the lungs. Inasmuch as the diseases of the lungs and throat constitute his SPECIALTY, the case does not belong to him and he retires. From six to ten hours more are spent in getting Dr. B., whose specialty embraces the diseases of the abdominal viscera or digestive organs. But, on examination of the case, Dr. B. finds the acute pain in the side of his patient to be neuralgic and dependent on the disease of the spinal cord or its membranes, at the origin of the nerves affected. This places the case out of the range of Dr. B.'s practice, and makes it necessary to send ten miles to a neighboring town for Dr. C., whose specialty embraces diseases of the cerebro-spinal nervous system.

Again, suppose the farmer, instead of having been attacked with a pain in his side, had fallen from a load of hay and broken his leg, and wounded an artery in his hand.

A messenger is sent in great haste to the nearest town for Surgeon A., who comes, perhaps, with a new and improved fracture box, and dresses the broken leg with much skill and dexterity. This done, he asks for his fee, and takes his hat to depart. Hold, Doctor, exclaims the patient; you have dressed my leg, but are you going to leave me to bleed to death from

this wound in my hand? Oh, my dear sir; blandly replies the Surgeon, that is not in my department. I attend only to fractures or injuries of the bones. For injuries and diseases of the bloodvessels, you must send for Surgeon B., in the adjoining town. Without multiplying illustrations, is it not obvious that specialties can be made practically beneficial only in populous towns; and even in them only to a limited degree? It may be said that the cases cited as illustrations are of the nature of *emergencies*, which every professional man must be prepared to treat, at least temporarily. But how is he to be prepared to treat such cases, even for the briefest practicable period, without having so studied the whole field of professional science and practice, as to be familiar with all its parts? If he has so studied it, what becomes of the argument or pretense that the field is so extensive that one man cannot keep himself master of the whole? The truth is, that the greater part of medical and surgical practice consists of emergencies. It is not one time in ten, that the physician or surgeon, when he starts to visit a patient for the first time, knows what kind of disease or injury he will find on his arrival. And he can neither satisfy an enlightened conscience nor do justice to a confiding community, unless he is always prepared to meet such emergencies, and treat whatever ills may be presented to him in a skillful and proper manner.

If a man, living in the country, is attacked with iritis or acute conjunctivo-cornitis, and suffers a permanent disorganization of the textures of the eye and loss of vision before he can possibly reach a reliable oculist, it is a very unsatisfactory apology for his family physician to allege that diseases of the eye constitute a *specialty* to which he has given little or no attention. Yet many such cases are constantly occurring throughout the country.

But, gentlemen, there is still another aspect of this subject worthy of a moment's thought. From the very nature of the laws that govern mental operations, exclusive practical attention to any one department of a general subject, tends to contract and bias the mind, by giving undue relative importance

to one series of facts, while neglecting another series of equal real value. An evil of much greater magnitude, however, consists in the strong tendency of specialism to encourage incompleteness of professional education. During a connection with medical teaching for sixteen years, I have rarely found a student who on his final examination, proved himself ignorant of some important department, without alleging that he did not intend to practice that particular department, and consequently had paid less attention to it. Indeed, incompleteness of education leading to the adoption of partial and restricted views, and the universal tendency to neglect whatever is not intended to be turned directly to practical pecuniary advantage, constitutes the foundation of much of the evils that exist in the profession of our country.

You are, doubtless, ready to ask by this time, if I then oppose all specialties in medicine. By no means. There is a certain natural basis on which a limited number of specialties can be founded with great advantage; and which, indeed, develop themselves by the natural and inevitable course of circumstances. For instance, the diseases, deformities, and defects of the dental organs, involving no immediate danger to life, and requiring for the treatment of many of them, special mechanical manipulations, naturally, and almost necessarily, constitute a special department of surgery. A department, indeed, that should be regarded as equal in importance and dignity, and consequently requiring equal education with every other branch of the profession. Those conditions of the eye requiring delicate and dexterous operations are also most of them chronic, and allow the patient time to seek and obtain the services of men who have acquired more than ordinary skill in the performance of such operations. The same is true of those conditions requiring some of the most dangerous and difficult surgical operations upon other parts of the body; such as lithotomy, ovariectomy, tying large and deep-seated arteries for aneurism, &c. Hence it is eminently proper that in all large cities where the required opportunities are afforded, men should devote special attention to such departments. But this never can justify any class of

medical men for contenting themselves with only a partial professional education.

Mr. President, with the last clause of the sentiment you have offered, I most cordially agree. That all educated and honorable physicians, surgeons, and dentists should constitute a "*common brotherhood*," is dictated alike by a community of interest, a similarity of education, and a common object, namely, the alleviation of human suffering and the prolongation of human life.

I am glad to see the prosperity of your Association and its truly national character. Like the American Medical Association, it constitutes a strong social, as well as professional link to bind all parts of our country indissolubly together. And permit me to add, that if the members of the legal and ecclesiastical professions, from the East, West, North, and South, would annually commingle with the same cordiality and liberal feeling, it would so perfectly bind the hearts of this great nation that *secession* would never again drench our loved land in human blood.

ON THE DIAGNOSIS AND TREATMENT OF SCABIES.

Perhaps there is no disease, which has passed through so many phases, and caused so much dispute amongst savans, as the complaint now so well understood as scabies or the itch. It seems singular that a disease, apparently well understood by the Greeks and Romans, should, so late as the beginning of the present century, have been misunderstood, both as to its cause and progress. Yet the *acarus*, so well known now, for the first twenty years of the present century, was denied an existence by most practitioners.

But, on the other hand, a false impression is given the student by WILSON, when he leads us to suppose that, after a day's work, one may easily take from a patient 18 or 20 *acari*, and examine them at his leisure under the microscope. My experience has been, that in very few cases, not more than one in twenty, can the *acarus* be found, and then only by the greatest care and perseverance.

It must be remembered that JOHN HUNTER, an acute observer, never found an acarus, and many good dermatologists have had the same experience. During my studies, connected with the Boston Dispensary, under Dr. WHITE and Dr. DAMON, in more than 100 cases, I have only seen the acarus four times. For a general description of the acarus and his habitat, I refer to McCALL ANDERSON, and will here only speak of the positions in which the acarus is most likely to be found.

The burrow of the acarus, first red, then dark and tortuous, and from four to five lines in length, is, of course, the diagnostic mark of scabies. As to the eruption, I do not think it can often be distinguished from others of a vesicular character. The first place which has been recommended as the site of burrows, is between the fingers. But a much more probable one, is the point where the ends of the fingers touch the palm when the hand is closed, as the acarus is carried to this point under the nail, after scratching. In males, the penis seems to be a favored locality, for reasons which it is not necessary to specify. In the hospitals of Vienna, this site is never overlooked. In infants and young children, the hips offer most promise, as it is here the hands of the nurse oftenest fall. In fact, the burrow is more likely to be found anywhere, in a perfect condition, than between the fingers, except in the earliest stages. The burrow having been found, if one wishes to explore for the "little stranger," let him open one of the most promising, at the end where a vesicle is just making its appearance, and if he finds *her*, he is extremely fortunate.

I have no doubt there are some cases of scabies, where the burrow cannot be found. But it must be remembered that the hands of artisans, who work in acrid substances, are liable to ecthymatous eruptions, so children who are badly or insufficiently fed. But it is better that the burrow should be found, before making a diagnosis of scabies, for a preparation which would be suitable for scabies (such as strong black soap, recommended abroad by physicians, and in this country by Dr. HARDY, of St. Louis,) would be inapplicable to cases of ecthyma or impetigo.

Having discovered the burrow of the acarus, the treatment is very simple. It is understood by all, that sulphur ointment is almost a specific. I generally unite

R. Potassæ Carbonat., ----- ʒj.
Sulphur, ----- ʒij.
Adipis, ----- ʒj.

As to the use of the black soap, the *savon vert* of Paris, the oil soap of this country, I am not in favor of it, except in cases of extreme filth, where, in process of time, we hope to see the cuticle. If the eruption of scabies is complicated with any other, showing a bad state of the blood, I think a mild soap, slightly caustic, is preferable and quite sufficient. The patient should remain in a warm bath an hour before applying the unguent. In all cases, I believe tr. ferri chlorid. should be prescribed as a tonic. In private practice, where a neater prescription is sometimes desirable, I would recommend as an unguent,

R. Potass. Iodid, ----- gr. x.
Adipis, ----- ʒj.

to be repeated two or three times. I believe it would be equally effectual with sulphur ointment. I am, Sir,

Very truly, yours,

E. A. P. BREWSTER, A.M., M.D.,

Janesville, Wis.

TRANSACTIONS OF ILLINOIS STATE MEDICAL SOCIETY.—The Annual Volumes of Transactions of our State Medical Society have been published, and copies mailed to all the members who have paid their annual assessment for the present year.

It is proper to mention, that only a small part of the members have paid; and consequently the treasury is, not only empty, but in debt to the extent of nearly two hundred dollars. If each member of the Society, who is in arrears for the assessment of the present year (\$3), would promptly remit the amount to Dr. J. H. Hollister, of Chicago, Treasurer, it would at once settle the printer's bill, and secure to himself a copy of the Transactions, which is well worth the money. It contains 152

North,.....	41		South,.....	70		West,.....	84		Total,.....	195
Total number of deaths in June, 1864,.....									262	

DISEASES.

Asthma,.....	3	Intemperance,.....	5
Apoplexy,.....	5	Intermittent Fever,.....	1
Accident,.....	6	Inflammation of Brain,.....	2
Burned,.....	3	Inflammation of Bowels,.....	10
Bright's disease,.....	2	Inflammation of Lungs,.....	4
Brain fever,.....	4	Liver Complaint,.....	1
Bilious Fever,.....	2	Measles,.....	5
Congestion of Brain,.....	9	Marasmus,.....	2
Congestion of Lungs,.....	4	Nervous Fever,.....	1
Cholera morbus,.....	10	Old Age,.....	8
Cholera infantum,.....	7	Paralysis,.....	1
Cold,.....	1	Puerperal Fever,.....	1
Calculus,.....	1	Suicide,.....	1
Cancer of Stomach,.....	2	Stillborn,.....	6
Cancer of Head,.....	1	Summer Complaint,.....	94
Consumption,.....	24	Sun Stroke,.....	2
Cramps,.....	35	Spasms,.....	1
Croup,.....	3	Sore Throat,.....	1
Convulsions,.....	16	Scarlet Fever,.....	25
Childbirth,.....	6	Scalded,.....	1
Cerebro-Spinal Meningitis,.....	1	Typhoid Fever,.....	13
Drowned,.....	1	Typhus Fever,.....	1
Diphtheria,.....	7	Teething,.....	22
Dropsy,.....	8	Tumor,.....	1
Dysentery,.....	20	Whooping Cough,.....	2
Diarrhoea,.....	9	Unknown,.....	18
Erysipelas,.....	1		
Found dead,.....	3	Total,.....	426
Flux,.....	1		
Heart Disease,.....	4	Same month last year,.....	426

AGES OF THE DECEASED. — Under 5 years, 271; over 5 and under 10 years, 14; over 10 and under 20, 15; over 20 and under 30, 26; over 30 and under 40, 32; over 40 and under 50, 16; over 50 and under 60, 10; over 60 and under 70, 17; over 70 and under 80, 7; over 80 and under 90, 3; stillborn, 8; unknown, 15. Total, 426.

NATIVITIES.

Chicago,.....	273	Holland,.....	1	Sweden,.....	3
Other States,.....	55	Ireland,.....	28	Wales,.....	2
Bohemia,.....	1	Norway,.....	10	Unknown,.....	3
Canada,.....	1	Poland,.....	1		
England,.....	7	Prussia,.....	1	Total,.....	426
Germany,.....	24	Scotland,.....	4		

DIVISIONS OF THE CITY.

North,.....126 | South,.....130 | West,.....170 | Total,..... 426

We call attention to the following notice, and invite an early answer.—[ED. EXAMINER.]

MEDICAL PRACTICE WANTED.

An ex-surgeon of the United States Volunteers, who was in the practice of medicine in the South-west before the commencement of the Rebellion, desires to purchase the whole or one-

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TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION.

PHILADELPHIA, Feb. 6, 1865.

Dear Sir,—As there are various methods by which the volume may be sent, inform me which you prefer. If by mail, please forward *thirty-two cents* in post-office stamps, that your postage may be prepaid.

Very respectfully,

CASPAR WISTER,

Treasurer American Med. Association.

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ANTISEPTIC INJECTION FOR THE CADAVER.—Dr. S. W. Wetmore, in the *Buffalo Medical and Surgical Journal*, recommends as the best agent for this purpose, the arsenite of soda. Boil 12 ounces crystallized carb. of soda and 8 ounces arsenious acid in 32 fluid ounces of water for one hour. Then add water to make three quarts of the solution, which will be ample for two subjects. He injects into the femoral artery. Bodies thus injected remain free from vermin. The preparation “not only acts as a disinfectant, but an antiseptic, destroying all virus, rendering the tissues firm, the muscles retaining their color and solidity, prohibiting decomposition and offensive odors.” Dr. W. is so well satisfied with the efficacy of the solution as to affirm that “it renders all former preparations obsolete.” There is no risk in pricking the hand either from animal virus or from the arsenic. Arsenic alone will not answer the purpose.—After the injection the body should be left undisturbed for 12 hours or longer. The bloodvessels will then be found empty, and should be injected with melted tallow colored with Venetian red, or some other substance, for the purpose of distending them and facilitating dissection. Death from hemorrhage is

most favorable for the preservation of the body. Sudden death generally favors decomposition. In sunstroke, the body often has a putrid odor before life is extinct. These facts have a practical bearing in connection with the embalming of soldiers dying in the service.

ANÆSTHESIA BY ELECTRICITY.—“The sedative effects of the constant current,” says M. Remak, (who is now experimenting at La Charité,) “when the current is very feeble, are exceedingly interesting. To produce such effects, in fact, the current must never excite painful sensations. The sedative action produced by this current differs from that of other sedatives; and it may be employed when, for various reasons, the use of opium, belladonna, etc., is objectionable. One of the most striking instances in which the current is of service is in removing the increased sensibility of an inflamed part. If, in such a case, a positive electrode, of sufficiently extended surface, be applied over the seat of inflammation, and the negative electrode at a distant part of the body, we shall find, in the course of five or ten minutes, that the sensibility of the part has greatly diminished. Thus, for example, in a case of very painful inflammation of the elbow or wrist, we place the positive pole over the brachial plexus, and the other over the scapula; and we find the pain is soon lessened. Lately, in the presence of MM. Claude Bernard, Velpeau, and Beau, I applied the current in the case of a man who ten days before had struck his knee, and suffered great pain at the inner border of the patella. The pain was so great that the patient could not walk except with his knee bent. I placed the positive electrode over the crural nerve below Poupart’s ligament and the other pole over the extensors of the leg. In a few minutes we observed that the joint became less painful, and the extension of the limb more easily performed. The patient was completely cured by three applications of the remedy. Let me remark to all those who would repeat my experiment, that the curative effect depends upon the surface of the elements of the pile; that is to say, that piles composed of small elements must be absolutely rejected.”—*British Medical Journal and Dublin Medical Press.*

PREMIUM OFFERED.—Dr. T. C. Brinsmade, of Troy, N. Y., offers a premium of \$100 for the best essay on medical and vital statistics, with a plan for hospital reports and records of private practice, and a draft of a registration law. The essay is to be handed to the Committee of the New York State Medical Society on Prize Essays by the 15th of December next.

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